FORM D MANUALLY EXECUTED

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURETIES SECU

OMB APPROVAL
OMB NUMBER: 3235-0076
Expires: July 31, 2008

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
	1	1				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
QUANTEK FRONTIER FUND, L.P.							
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	■ Rule 506	☐ Sec	tion 4(6)	ULOE	
Type of Filing: New Filing	☐ Amendment						
		A. BASIC IDENT	IFICATION DATA			TË (0.11) DREKE 0.111 (0.01) OT 011 0.1010 (0.11)	
1. Enter the information requested about the	he issuer	•					
Name of Issuer (check if this is an amen	dment and name has	changed, and indicate	change.)				
OLIA NUMERIZ EM ONUMENO ESTANO	. D					08057749	
QUANTEK FRONTIER FUND	, L.P.	. <u></u> .			_		
Address of Executive Offices		(Number ar	nd Street, City, State, 2	Zip Code)	Telephone	Number (Including Area Code)	
c/o Quantek Asset Management, LLC, 701	Brickell Avenue, Su	ite 2550, Miami, Flori	ida 33131		(305) 533-	1541	
Address of Principal Business Operations	<u> </u>	(Number ar	d Street, City, State, 2	Zip Code)	Telephone	Number (Including Area Code)	
(if different from Executive Offices)				-			
Same as above					Same as above		
Brief Description of Business			·		- <u>-</u> -		
Securities Investment							
Type of Business Organization	_		_			DDOOCECCED	
☐ corporation		ship, already formed	□ oth	er (please s	pecify):	PROCESSED _	
☐ business trust	☐ limited partners	hip, to be formed				\mathcal{L}	
		Month Year		_		AUG 2 6 2008	
Actual or Estimated Date of Incorporation	or Organization:	[0 1] [0 7]		⊠ Ac	tual	☐ Estimated	
						THOMSON REUTERS	
Jurisdiction of Incorporation or Organization		U.S. Postal Service ab Canada: FN for other		[D][EJ		

GENERAL INSTRUCTIONS

FEDERAL:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendment needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

STATE:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Quantek Asset Management, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
701 Brickell Avenue, Suite 2550, Miami, Florida 33131									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Principal	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if it	ndividual)		•						
Guerra, Javier									
Business or Residence Address	(Number and Street	, City, State, Zip Code)							
c/o Quantek Asset Manag	gement, LLC, 701	Brickell Avenue, Suite 25	50, Miami, Florida 33131						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Principal	☐ Director	☐ General and or Managing Partner				
Full Name (Last name first, if in	ndividual)								
Franco, Alberto									
Business or Residence Address	(Number and Street	City, State, Zip Code)							
c/o Quantek Asset Manag	gement, LLC, 701	Brickell Avenue, Suite 25	50, Miami, Florida 33131						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if in	ndividual)			-					
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if ir	ıdividual)								
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if in	ndividual)								
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Address	(Number and Street,	City, State, Zip Code)							
	(I lea F	olank sheet, or copy and use additi	onal copies of this sheet as neces	cary)					

B. INFORMATION ABOUT OFFERING														
1.	Has the	ssuer sold,	or does the	issuer inte	nd to sell, t	o non-accre	dited inves	tors in this	offering?			••••••	•	Yes No □ ⊠
					Answei	also in Ap	pendix, Co	lumn 2, if f	iling under	ULOE.				
2.	2. What is the minimum investment that will be accepted from any individual?								\$250,000					
3.										Yes No ⊠ □				
4.	solicitati dealer re	on of purcl gistered wi	nasers in co	nnection with and/or with	ith sales of a state or:	securities in states, list tl	n the offeri he name of	ng. If a per: the broker	son to be lis or dealer. I	sted is an as f more than	sociated pe	rson or age	ilar remune nt of a broke listed are as	er or
Full Nam			individual)						<u>-</u>					
Business	or Resider	ice Address	s (Number a	and Street,	City, State,	Zip Code)					12	-		
Name of	Accordated	Broker or	Dealer											
Name of	Associated	i Diokei oi	Dealei											
States in	Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	i							
(Check														🗖 All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM) (UT)	[YN] [YT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	(PA) {PR)	
Full Nam			individual)	<u> </u>	((, , ,	(113	£		£	[]	fr and	
Rusiness	or Resider	ce Address	s (Number 2	and Street (City State	Zin Code)								
					,	, ,								
Name of	Associated	Broker or	Dealer			•								
States in	Which Per	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	.							
(Check	"All States	" or check	individual S	States)										
•	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]	
	(IL) [MT]	(IN) (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	(LA) [NM)	[ME] [NY]	[MD] [NC]	(MA) [ND]	(MI) (OH)	(MN) (OK)	[MS] [OR]	[MO] [PA]	
Full Nam	[RI] e (Last nai	[SC] ne first, if	[SD] individual)	[TN]	[TX]	[עיזי]	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	[PR]	
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check	"All States	" or check	indiviđual S	States)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	5
i.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		-
	Convertible Securities (including warrants)	\$	\$
	Limited Partnership Interests	\$100,000,000	\$8,250,000
	Other (Specify)	\$	\$
	Total	*\$100,000,000	\$8,250,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$8,250,000
	Non-accredited Investors	N/A	\$ N/A
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$5,000
	Legal Fees		\$15,000
	Accounting Fees		\$15,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)Miscellaneous (blue sky fees, courier, duplicating, etc.)		\$5,000
	Total	-	\$40,000
*This i	is a continuous offering. This amount is included as an estimate only.	_	· _

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	·	
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in response		- rivocabbo	*\$99,960,000	
5.	Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the an estimate and check the box to the left of the must equal the adjusted gross proceeds to the i 4.b above.	amount for any purpose is not known, furnish			
			Payments to		
		**	Officers, Directors, &	Payments To	
			Affiliates	Others	
	Salaries and fees		□\$	` 	
	Purchase of real estate		□\$	□\$	
	Purchase, rental or leasing and installation of r	• • •	□\$	□\$	
		facilities	□\$	□\$	
	Acquisition of other businesses (including the that may be used in exchange for the assets or	securities of another issuer pursuant to a			
	merger)		□\$	□\$	
	Repayment of indebtedness		□\$	□\$	
	Working capital		□\$	□\$	
	Other (specify): to be used as described in Issu	uer's Confidential Offering Memorandum	□\$	⊠ \$ <u>99,960,000</u>	
	Column Totals		□\$	∑ \$ <u>99,960,000</u>	
	Total Payments Listed (column totals added)		⋈ \$ <u>99,960,000</u>		
		D. FEDERAL SIGNATURE			
followi	ng signature constitutes an undertaking by the	the undersigned duly authorized person. If this issuer to furnish to the U.S. Securities and Exter to any non-accredited investor pursuant to pa	change Commis	ssion, upon written	
Issuer (P	rint or Type)	Signature	Date		
QUAN	TEK FRONTIER FUND, L.P.	afe	12	ust 7, 2008	
Name of	Signer (Print or Type)	Title of Signer (Print or Type)	ı	·	
Alberto	Franco	Manager, Quantek Asset Management, LLC, C	General Partner	of Issuer	

*See asterisked comment on page 4.

ATTENTION

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)

